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## ICU Volume 7 - Issue 2 - Summer 2007 - Views & Interviews

### An Interview with Dr. Claudio Ronco

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**Prof. Claudio Ronco shares his management experience and vision as Director of the Nephrology Department at St. Bortolo Hospital, Vicenza, Italy.**

#### **May I Ask You, by Way of Introduction to Our Readers, How Long You've Been the Director of Your Unit?**

I have been director of the Department of Nephrology Dialysis and Renal Transplantation at St. Bortolo Hospital since 2002. Before that, I was director of the Renal Research Laboratory at the Beth Israel Medical Center of New York and a visiting professor at the Albert Einstein College of Medicine from 1999 until 2000.

#### **What is Your Field of Expertise/Previous Experience?**

I am nephrologist by training. I received a specialization diploma in medical nephrology from the University of Padua in 1979 and in pediatric nephrology from the University of Naples in 1982. However, I have spent most of my life bridging the knowledge gap between engineering and medicine, and recently (in the last 15 years), between intensive care and nephrology. I have also delivered numerous lectures and seminars on these topics in several universities worldwide.

#### **What are Your Primary Duties as Director?**

I manage the clinical care in all sections of the department, including the renal ward, the hemodialysis center, the peritoneal dialysis center, the critical care nephrology section and the transplantation center. Furthermore, I am responsible for coordinating our research program.

#### **What Sort of Strategic Planning is Involved in Managing Your Department?**

This is an evolving field and managerial plans have to be continuously modified. For example, technology must be constantly upgraded and theoretical bases of new therapies need to be discussed in light of best-practice guidelines and new scientific evidence.

#### **Give an Example of Two Extremes in the Types of Tasks You have to Fulfill.**

On one side, I have to manage the large number of physicians and nurses of the department while on the other side, I have to discuss lab techniques of molecular biology and new designs for extracorporeal treatment machines.

#### **What Skills do You Feel are the Most Essential to an ICU Manager?**

The most important skill of all, I believe, is flexibility.

#### **What is the Hardest Decision You've had to Make as an ICU Manager?**

It has been hard when, for lack of funds or sufficient personnel, I have had to drop a research plan or close an activity.

#### **What has Been the Most Satisfying Experience as an ICU Manager?**

Impacting the practice of Renal Replacement Therapy (RRT) in the ICU with our study on dose versus outcome in Continuous Renal Replacement Therapy (CRRT). My team and I developed the so-called "Vicenza Model" of multidisciplinary approach to the critically ill patient with acute kidney injury.

#### **Are There Particular Areas that You Feel Your Department Excels in and Why?**

In my opinion, we excel in technology testing, interdisciplinary education and renal replacement therapy.

**In What Areas Would You Most Like to Improve Your Department and Why?**

I would like us to improve our work on molecular biology and genetics because these areas represent the future of diagnosis and therapy.

**What are the Difficult Issues that You Feel ICU Departments Currently Need to Address in General?**

A pressing issue, in my opinion, is the qualification of personnel in the new information technology tools that are available to us for the use in intensive care.

**What are the Major Medical/Clinical Management Issues that You Currently Face?**

In management, I find it sometimes difficult to combine day-to-day practice with international guidelines.

**What Sort of Economic, Financial, Budget, etc. are You Currently Dealing With?**

I am struggling with the bureaucracy of the public healthcare system, although this covers the care of patients and at all social levels.

**How do You Measure the Cost Effectiveness of Your Unit?**

In most non-Anglo-Saxon countries, cost effectiveness is predominantly measured by survival/hospital free days vs. utilization of resources and this is the method we also use.

**What Sorts of Personnel Issues are You Currently Dealing With?**

We are faced with the problem of excessive workload, which prevents adequate strategic planning, study or development.

**What do You Believe are the Major Personnel Challenges Within the ICU Community in General?**

Nowadays, turnover and burnout are of primary concern.

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